

Violence

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What is violence?

Violence can be defined as a physical assault that carries a significant risk of injuring or killing a person. Four acts are generally considered as violence according to the United States Department of Justice:

⌘ *Homicide:*

The willful killing of one human being by another.*****

⌘ *Robbery:*

The taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or putting the victim in fear.

⌘ *Aggravated Assault:*

An unlawful attack by one person upon another wherein the offender uses a weapon or displays it in a threatening manner, or the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal injury, severe laceration, or loss of consciousness.

⌘ *Forcible Rape:*

The carnal knowledge of a person, forcibly and/or against that person's will, or not forcibly or against the person's will where the victim is incapable of giving consent because of his/her temporary or permanent mental or physical incapacity (or because of his/her youth).

Why is violence an important health concern for Detroiters?

Violence is an indicator of the well being of a community, as it is related to factors such as substance abuse, poverty, and overall mental health. Though no community is immune to violent acts, there are populations for which they occur more often. This is particularly true for urban areas such as Detroit. Acts of violence, such as homicide, robbery, assault, and rape threaten the physical and mental health of victims. Violent behavior throughout a population and with high frequency also threatens community health.

The mental health of persons who tend toward violence is at risk; as well, there is the increased possibility of physical injury or death from engaging in dangerous activities. As violence is illegal, it may also result in judicial penalty and incarceration. Key populations for which prevention efforts are targeted include: adolescent and adult women, youth in general, and employees who interact in the workplace.

Violence involving adolescents and young adults, in particular, has been undertaken as a public health issue. In a report released in 2001, *Youth Violence: A Report of the Surgeon General*, Dr. David Satcher highlights a youth violence epidemic, promoted by easy access to weapons (particularly firearms), from 1983 to 1993. The *Report* states that since 1993, there have been

***** Homicide due to "legal intervention" is not a criminal act. An example of legal intervention would be the shooting of an individual by an officer in the line of duty. Legal intervention homicides are not included in the Detroit statistics of this report.

declines in youth violence as shown by arrest records, victimization data, and hospital emergency room reports. Yet, as noted in the *Report*, different sources of youth violence trends are contradictory. Dr. Satcher highlighted that self-reported violence among youth has not changed. The remainder of this report will focus upon homicide, firearm use, non-lethal violent crimes and victimization, and attitudes regarding violence among youth. +++++

Youth Violence in Detroit

HOMICIDE AND FIREARMS

The MDCH Violence Prevention Section reports that homicide has been one of the top five leading causes of death in Michigan since the 1950's. For 15-19 years olds, Michigan's homicide rate is nearly one and a half times that of the nation. Michigan Black males aged 15-24 were 30 times more likely to be murdered than White males of the same age.

On average, more than 1,300 Michigan residents died from firearm related injuries each year from 1989 to 1998. Over half (51%) of them were homicides. Though residents aged 15-34 comprised 30% of the state's population, 54% of all Michigan firearm fatalities were in the 15-34 age group. Black residents suffered a disproportionate risk of homicide by firearm. For the state, 80% of the Black male homicides were firearm-related in contrast to 56% of the homicides of other Michigan residents. Though Black males aged 15-34 were 2.2% of the state population, they represented 50% of the state's firearm homicide victims. Black females aged 15-24 had a firearm homicide rate that was 13 times the rate for White females in the same age group. ⁶⁴

Of all deaths of Detroit residents in 2000, chronic diseases including heart disease, cancer, and cerebrovascular disease were the top three leading causes of mortality. Accidents and homicides were the fourth and fifth leading causes of death respectively. For young Detroit residents aged 15-34, however, homicide is the number one cause of death. Figure 29 reflects homicide numbers among Detroit unnatural deaths that occurred in 2000, by age group. +++++⁶⁵

The *Surgeon General's Report* states that some youth exhibit an "early-onset" of violent behavior before puberty due to childhood factors and possibly lifelong exposure to and involvement in violent behavior. A disproportionate number of Detroit youth may have such early exposure. This may result in their involvement in increasingly more lethal means of violence which produce the alarming number of violent deaths that occurred in 2000 for residents aged 15-34.

+++++ Specific age ranges are referenced throughout discussion of the youth violence data. Various agencies reporting youth violence data have used different age ranges. The *Bureau of Alcohol, Tobacco, and Firearms (ATF)*, for example, uses the following terms: "juvenile" for persons aged 17 and under, "youth" for persons aged 18-24, and "adult" for persons aged 25 and older. According to the *Michigan State Police*, a "juvenile" is anyone aged 16 and under; ages 17 and over are "adults." The reference to "youth" in the *Youth Violence: A Report of the Surgeon General* includes "children and adolescents aged 10 through high school." The purpose of this report, however is to convey the impact of community violence for pre-pubescent children through young adults. Therefore, the term "youth" in this report encompasses persons as young as 10 and as old as 24.

+++++ Unnatural deaths, are deaths other than ones caused by chronic disease or other health problems. For purposes of the *Profile*, unnatural deaths include homicides, suicides, and accidents.

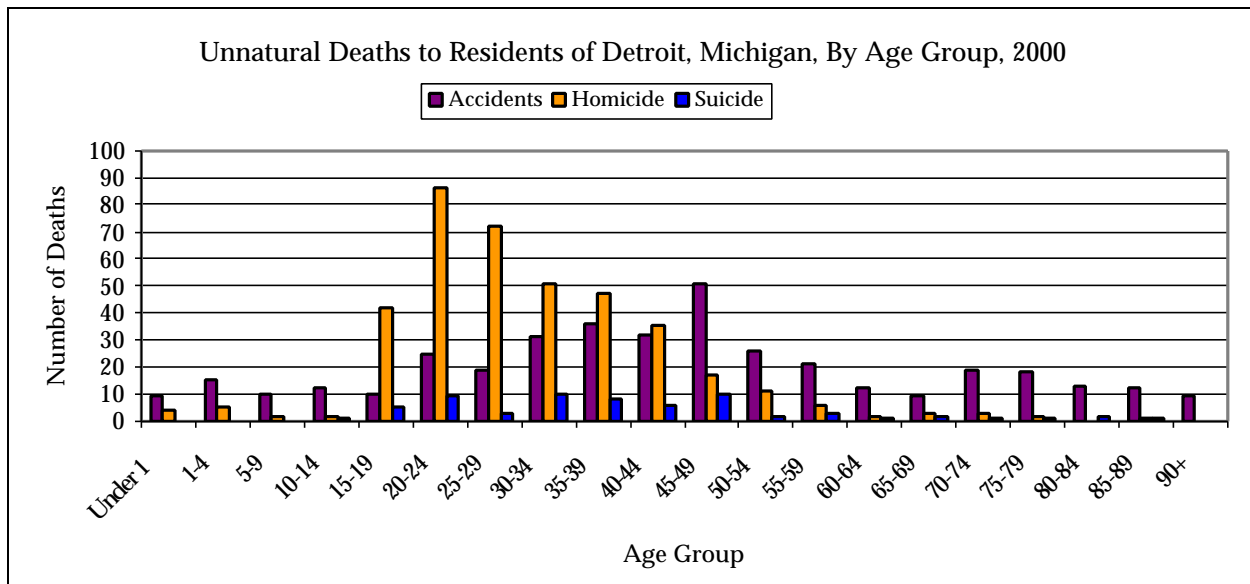


Figure 29

The Detroit Health Department Biostatistics Unit conducted a study of violent deaths among Detroiters, particularly focusing upon residents under 18 years of age, 18-35, and over 35. For all causes, including violent causes, there were 582 deaths among residents aged 18-35. Of the 582 deaths, 61% were due to suicide, homicide, and accidents. Firearms were involved in 41% of them. Homicide accounted for 247 of the deaths to residents in the age group, of which 219 (88.6%) involved the use of firearms. Most homicides for ages 18-35 were to male residents. Of the 247 homicides, 218 were males, and 29 were female. Ninety percent of the male homicides for ages 18-35 involved the use of firearms, while 79% of the female homicides involved firearms. ⁶⁶

CRIME AND VICTIMIZATION

The Detroit Police Department participates in the national Uniform Crime Reporting (UCR). Program, operated by the Federal Bureau of Investigations (FBI). Violence indicators reported in the UCR include murder, rape, robbery, aggravated assault and the illegal possession or carrying of a weapon. According to 2000 UCR numbers, 41% of the Wayne County arrests for violent crime among youth aged 16 and younger are in Detroit. Also, in 2000, 71% of the state's juvenile arrests for homicide occurred in Detroit. It is not evident from these statistics, how many juvenile charges were substantiated and resulted in penal action.

The Youth Crime Gun Interdiction is a youth focused firearms enforcement program that is part of an overall firearms enforcement program managed by the ATF. Each year, the Bureau of Alcohol, Tobacco, and Firearms (ATF) releases *Crime Gun Trace Reports* that describe the characteristics of gun traces requested throughout the country from participating communities, including Detroit. The most recent report was for 1999.

In the *Gun Trace Reports*, ages 17 and under are categorized as "juveniles," and ages 18-24 are categorized as "youth." Of 1,266 gun traces for which the age of the gun possessor was known,

565 (45%) involved crimes associated with possessors aged 24 and under. Juveniles were associated with 6% of the recovered crime guns, while youth were associated with 39% of the recovered crime guns. Most of the crimes were attributed to "firearm offenses" which include any offense or crime in which a firearm was involved. Sixty four percent of the juvenile and 57.7% of the youth gun possessions were associated with firearm offenses. Narcotics crimes accounted for 23.1% of the juvenile and 21.8 % of the youth firearm possessions. Smaller proportions of the possessions were associated with other crimes.⁶⁷

According to the U.S. Department of Justice, teens experience the highest rates of violent victimization. In a review of homicide, rape, robbery, simple and aggravated assault statistics from both the National Victimization Survey and the UCR, victimization rates are highest for age ranges 12-15, 16-19, and 20-24. Following a similar timeline to the one discussed in the *Surgeon General's Report*, victimization peaked among these ages in 1993. Though they have decreased significantly since 1993, victimization is still highest for 16-19 year olds, followed by 12-15 year olds, then 20-24 year olds.⁶⁸

YOUTH ATTITUDES

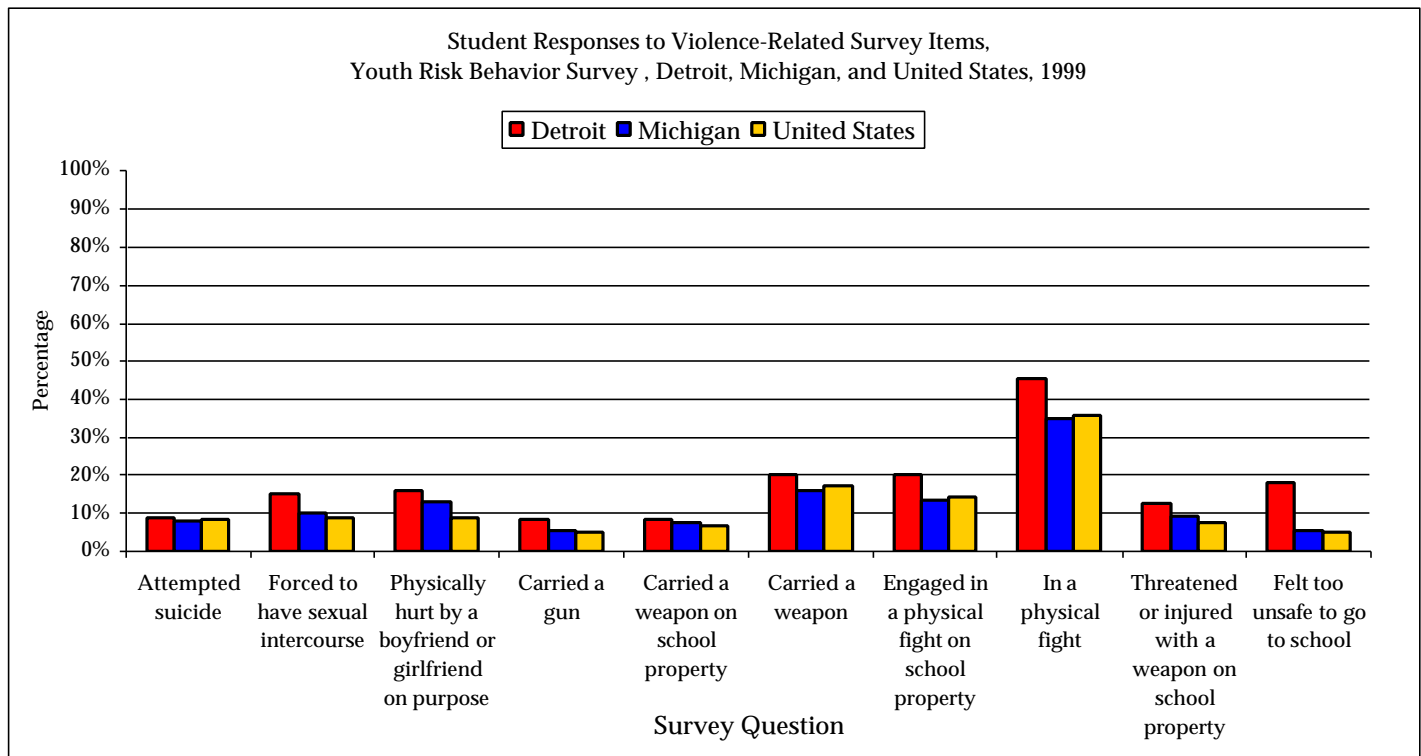


Figure 30

According to the Surgeon General's Report, a national decline in youth homicide since 1993 is considered to be related to less carrying of weapons and use in violent crimes among youth. Further, the *Report* states, "...if youth still involved in violence today begin carrying and using weapons as they did a decade ago, this country may see a resurgence of the lethal violence that characterized the violence epidemic." This statement has not been substantiated for the City of

Detroit and may not be true. National percentages of students who carried a gun, according to the YRBS have declined since 1993.

For Michigan and for Detroit however, there has been no significant change in the percentage of high school students who reported carrying a gun. Michigan and Detroit began to participate in the survey at later dates. In 1999, whereas 4.9% of the participating students in the United States reported carrying a gun and 5.6% for students throughout Michigan, 8.2% reported carrying a gun in Detroit. Student responses to violence related questions on the 1999 YRBS are presented in Figure 30.^{12, 69}

Healthy People 2010 has several objectives related to violence prevention including: reducing all homicides, increasing gun safety, reducing firearm-related injuries and deaths, maltreatment of children, partner assault, alcohol and illicit drug related violence and work related assaults. *Healthy People 2010* also has an objective to reduce weapon carrying by adolescents.